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MAY 14 2007

PART B - FEE(S) TRANSMITTAL

01 FC:1501 1400.00 DA
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Complete and send this form, together with applicable fee(s), to: **Mall** Mail Stop ISSUE FEE
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20383 7590 02/16/2007

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Jonathan Klein-Evans
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Gaithersburg, MD 20878

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | |
|------------------------|--|
| (Depositor's name) | |
| <i>Audrey J. Clark</i> | |
| (Signature) | |
| 5/14/0007 | |
| (Date) | |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/825,355 | 04/14/2004 | Aurelia Haller | 7682-112-002 | 8632 |

TITLE OF INVENTION: RECOMBINANT PARAINFLUENZA VIRUS EXPRESSION SYSTEMS AND VACCINES

NS400D1

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PRV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|------------------|--------------|----------------|---------------------|---------------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 05/16/2007 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | | |
| SALIMI, ALI REZA | 1648 | 435-006000 | | | | |

| | | |
|--|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1 <u>MedImmune Vaccines, Inc.</u> 2 _____ 3 _____ |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MedImmune Vaccines, Inc.

Mountain View, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500479 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Michelle Holmes-SonDate 5/14/07Typed or printed name Michelle Holmes-SonRegistration No. 47,660

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MedImmune

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From: Clark, Audrey
Company: MedImmune, Inc.
Phone: 84189
Fax: 301-398-9189

Time & Date: Monday, May 14, 2007 3:09:32 PM
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Part B - Fees Transmittal (PTOL-85) (in duplicate)

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To: Issue Fee

Company: COMMISSIONER FOR PATENTS
UNITED STATES PATENT &
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Phone:

Fax: 571-273-2885

From: Audrey J. Clark

Company: MedImmune, Inc.

Phone: (301) 398-4189

-Fax: (301) 398-9306

Date: May 14, 2007

**Pages including this
cover page:** 3

Re: Application No.: 10/825,355

Filing Date: April 14, 2004

Inventors: Haller, Aurella et al.

Title: Recombinant Parainfluenza Virus Expression Systems And Vaccines

Attorney Docket: NS400D1

Attached: Part B – Fee(s) Transmittal (PTOL-85) (in duplicate)

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